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RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMMES IN THE EASTERN AND SOUTHERN AFRICA REGION*

SUMMARY

The present document contains recommendations for additional general resources to fund the approved country programmes in the Eastern and Southern Africa region for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme periods. The Executive Director recommends that the Executive Board approve additional general resources in the following amounts, totalling $10,465,000, to achieve the objectives of the country programmes as originally approved by the Board.

Country/programme	Amount (United States dollars)	Current programme cycle
Burundi	812 000	1988-1992
Comoros	1 681 000	1990-1994
Kenya	4 551 000	1989-1993
Mauritius	1 500 000	1990-1994
Rwanda	1 921 000	1988-1992

Annual funding requirements of the five countries are provided in the table.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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INTRODUCTION

1. The Executive Director has authorized increases in the annual planning levels of a number of countries in the Eastern and Southern Africa region in 1991, taking into account the availability of general resources in 1991 and the income projections in the medium-term plan. This increase raises the annual planning levels for general resources from $750,000 to $1,000,000 for countries with a child population of more than 1 million and/or a full-fledged UNICEF country office, and raises the minimum general resources planning level for other countries to $750,000.

2. As a result, the balances of approved general resources are not sufficient to fund the five country programmes in the Eastern and Southern Africa region up to the end of the approved country programme period. Therefore, the Executive Director recommends that the Executive Board approve additional amounts from general resources covering the programme period as originally approved by the Board.

I. BURUNDI

3. The country programme for Burundi for the period 1988-1992 was approved by the Executive Board in 1988 in the amount of $5 million from general resources (E/ICEF/1988/P/L.2). The annual planning level for Burundi was increased to $1.3 million in 1990 and again to $1.43 million in 1991 in order to accelerate activities within the framework of the country programme. An additional $812,000 is being requested to replenish the approved amounts of general resources.

4. Since the elaboration of the present country programme, which was based on the 1988 situation analysis, there have been new developments in Burundi because of adjustments in social policy that have resulted in compensatory social programmes to alleviate the impact of economic adjustment measures on the poorest. The commitment of the Government to the most vulnerable groups has been expressed in a number of ways, including decentralization policies to strengthen local government and a renewed emphasis on community participation.

5. Despite government efforts, the economic situation has continued to deteriorate, with negative consequences for national capacity, social sector budgets and the overall quality of life of the population, especially children and women. In line with government priorities, the current country programme will continue to reinforce programme implementation in the areas of primary health care (PHC) (moving beyond universal child immunization (UCI) which was achieved in 1990), water supply and sanitation and basic education, with a continuing focus on women in the poorest areas.

6. Important issues relating to programme content were addressed in the mid-term review and the programme strategy was redefined. The evaluations prepared for the review indicated the shortcomings of the present programme,

pointed to remedial measures for the remainder of the programme cycle and also aided in the preparation of the next programme. In particular, the review assisted in identifying the disparate nature of certain activities and the lack of institutional supportive structures and processes in those interventions. It provided a much needed emphasis on the use of monitoring indicators and the establishment of baseline data.

Primary health care

7. The PHC programme is a priority for the Ministry of Health, with all levels of the administrative system involved in its development. Significant progress has been achieved in all aspects of PHC, including immunization, the control of diarrhoeal diseases (CDD), goitre control and safe motherhood. In 1990, the Government adopted the Bamako Initiative as the main strategy to ensure sustainability of its maternal and child health (MCH) programmes and to improve the quality and coverage of integrated health services. Community management committees are being set up as the first step in effective community participation, while operational policy decisions are being implemented at intermediate and central levels to ensure the efficient management and monitoring of health services. UNICEF will continue to support the Government in its efforts to strengthen PHC through the implementation of the Bamako Initiative at the national level and through the development of national policies and programmes in the areas of nutrition, malaria and acute respiratory infections (ARI), which are among the major causes of child deaths in the country.

8. Programme components such as immunization, CDD, treatment of ARI and health education are integral parts of the services to be offered to the community, mainly through health centres and PHC committees. The programme will support community participation and the development of self-management systems. It will also assist the community in financing the PHC programme, in line with the Bamako Initiative, through revolving funds for the routine replenishment of essential drugs. The strategy is to initiate activities in selected districts with the greatest potential for the development of PHC and to expand activities progressively to all districts.

9. Burundi is one of the African countries most affected by the acquired immune deficiency syndrome (AIDS) pandemic. The Government has set up a national medium-term control programme, supported among others by UNICEF, with the following aims: integrating the control of sexually transmitted diseases and AIDS into PHC; epidemiological surveillance with sentinel sites; information, education and communication (IEC) activities, targeting youth both in and out of schools; and national multi-media campaigns.

Water supply and sanitation

10. UNICEF cooperation has focused on the development of appropriate technologies for increased access to water supply and for excreta disposal. UNICEF support has contributed to the capping of over 3,312 springs and has provided adductions for 150 health centres and over 4,000 family latrines, 50 per cent of the planned figures.

11. The Government is working towards the global objective of safe drinking water for all by the year 2000, and has adopted a strategy focusing on community spring management - there are 20,000 clean-water springs in Burundi - with additional investments for adductions serving priority health centres and schools.

12. Training and community participation, as well as hygiene education, are central to the success of the project, and UNICEF support is expected to concentrate on those aspects, together with developing clearer and stronger linkages with the PHC programme in the area of CDD and with the primary education programme for school hygiene education and sanitation.

Education

13. The adult literacy rate for women in Burundi is 40 per cent, compared with 61 per cent for men. Although primary school enrolment for girls is improving, it is still low at 37 per cent. Ninety per cent of children leaving primary school return to an essentially illiterate environment where they risk losing the knowledge they acquired during their school years. This was a major concern during the mid-term review.

14. The Government has adopted the Declaration of the World Conference on Education for All and is developing a national plan for basic education to complement policy decisions introduced during major reforms in 1973, which adapted the curriculum to the national context and designed measures to expand enrolment rates.

15. UNICEF support to the national education programme is coordinated with inputs from other donors, particularly the World Bank and the United Nations Development Programme (UNDP). UNICEF is concentrating on improving the quality of primary education through in-service training of primary schoolteachers and support for monitoring of teaching activities. It is also supporting government efforts to develop a comprehensive basic education project aimed at achieving universal education through equity, decentralization, reinforcement of regional planning capacities and further improvement of the quality and appropriateness of the curriculum, including health education. Efforts are under way to expand further national coverage of a functional literacy programme, focusing on women and including post-literacy activities.

Women in development

16. In Burundi, to a much greater extent than in other countries, women provide food for the family and care for children in addition to traditional household duties. Their illiteracy rate is higher than that of men and their nutritional and health status is below the male average. A Ministry for Women's Affairs was created in 1988 and was restructured in 1991 to include social protection and to improve and expand its coordinating role. However, the Government called for UNICEF support to help clarify sectoral policies and define better strategies to improve the status of Burundi women.

17. Improved social and living conditions for women, as well as their proper integration into the development process, have been the focus of actions undertaken by the Ministry, which plans to reinforce its capacity to support programmes for women by training rural animators and by improving the management and organization of women's groups.

Integrated area-based urban project

18. Although Burundi is primarily a rural society, malnutrition and mortality rates are higher than national averages in all urban areas. The consequences of AIDS are felt more strongly and the number of street children has been growing over the past three years. UNICEF was requested by the Government to assist in developing an integrated programme for urban women and children, which started in 1990 with two components: the urban women's credit production project and the street children project, both of which include IEC activities concerning AIDS. UNICEF support to the urban area will continue and will further reinforce intersectoral linkages with the national programmes.

Information, communication and external relations

19. To date this component has only been fully developed in the context of the health programme. Since 1991, efforts have been made to develop further structured actions with the Ministry of Information and Communication. UNICEF will continue to strengthen its support for permanent advocacy for child survival, protection and development based on the Convention of the Rights of the Child and the national programme of action. In addition, communication and mobilization components will be incorporated in all UNICEF-supported programmes.

II. COMOROS

20. The present cooperation programme between the Government of the Comoros and UNICEF covers the period from January 1990 to December 1994. It was approved by the Executive Board in 1990 in the amount of $1,500,000 with an annual general resources ceiling of $300,000 (E/ICEF/1990/P/L.3). The annual general resources ceiling will increase to $750,000 after January 1992. To offset this increase, additional funds to replenish general resources will be required in an amount of $1,681,000 for the rest of the programme period (January 1992-December 1994).

21. Since the elaboration of the present country programme, which was based on the 1989 situation analysis, political and socio-economic conditions in the Comoros have deteriorated, making the situation of mothers and children even more precarious. On the political level, the Comoros is seeking a course of stability through democracy following the dramatic events of November 1989, which put an end to 15 years of the former President's regime. Despite the free elections held in 1990, however, the country offers a picture of deep-seated political instability, having had three governments in one year. There are frequent strikes in the public administration which regularly affect

a number of sectors, particularly health and education. Although it did not finally establish calm and confidence, the latest ministerial reshuffle, which took place in the middle of the year, is an indication of the efforts that have been made by the leaders to satisfy the desire for change in a country whicn wishes to acquire the necessary resources for the management of a modern State. The Government that has now been appointed, which is characterized by a massize influx of young technocrats into public affairs, the appointment - for the very first time - of a woman, and overtures to the opposition, is clearly the reflection of a desire for the injection of new blood into the policy-making class for the sake of greater efficiency, democracy and national unity.

22. On the economic level, some positive results were noted in 1990-1991, including an increase in the gross domestic product (GDP) - from 9 per cent in 1989 to 15 per cent - and a reduction in the budget deficit from 5 per cent of GDP in 1989 to 1.9 per cent. Nevertheless, the country is still in a financial impasse because of the persistent lack of liquidity in public finances, the absence of investment and the accumulation of external and internal debts. The social consequences of this financial impasse are tragic. This year it was not possible for schools to open on time because of the lack of funds for the purchase of basic teaching supplies (chalk, rulers, compasses, registers, etc.). The delay in the payment of salaries in the civil service, which has become chronic and sometimes lasts for up to six months, causes many staggered strikes with disastrous consequences in key social sectors such as education and health. A three-year structural adjustment programme (SAP) was adopted by the Government in June 1991. Its goal is to stabilize public finances while restructuring the national economy so as to put it back on a growth course. Many donors have expressed interest in financing the SAP. However, because of the discipline that will be required for its application, observers have expressed doubts about the Government's institutional capacity to implement the programme strictly. In addition to the implementation of macroeconomic and sectoral policies, the SAP provides for a special assistance programme known as the "Special programme to alleviate the social costs of adjustment". UNICEF has been invited, along with other donors, to participate in the design and formulation of this programme.

23. The implementation of the country programme has been slowed down by the conditions of political and social instability which have prevailed in the country since the programme was initiated. This has masked the country's real capacity for absorption in relation to existing needs. Moreover, now that the Government has regained control of public affairs, it is clear that the potential exists to strengthen the various components that have already been introduced and to make a start on those that have been planned but not yet initiated because of budgetary constraints. The increase in the annual general resources ceiling will make it possible to accelerate the implementation of the regular programme over the next three years, and will compensate for the absence of additional funds. This increase will also facilitate the readjustment of strategies to take into account the objectives of the 1990s endorsed by the World Summit for Children.

Primary health care

24. In the health sector, the Comoros has achieved UCI. One of the main problems, however, continues to be the lack of motivation among health personnel, the non-integration with other MCH activities and the heavy dependence of the programme on external financing. Following the national symposium on health organized by the Government at the beginning of the year with the assistance of the World Health Organization (WHO), UNDP and UNICEF, the Comoros now has a "National plan for health development - Prospects to the year 2000". The global strategy is based on the integration of the various components of MCH, including CDD, ARI and malaria, which will be facilitated by the existence of expanded programme on immunization (EPI) structures. This integration is also based on community participation and financing and the effective decentralization of the management process in line with the approach of the recently introduced Bamako Initiative. UNICEF assistance to this programme will continue, in particular to permit the training of all health personnel, at all levels, in integration, and to promote the implementation of other activities to strengthen the health structures (including the provision of basic supplies, the organization of community management and the formulation of an essential drugs policy).

Nutrition

25. In respect of nutrition, the nutritional survey carried out by the Ministry of Health, the Ministry of Production and the Ministry of Planning (Central Statistical Office) is currently being studied. This activity is receiving support from several agencies, including UNICEF. Other studies on nutritional deficiencies will be launched shortly. The results of these studies will be used as a basis for national consultations with a view to identifying the elements needed for the definition of a national policy and strategy and a national plan of action for nutrition. This plan of action will make it possible to define future UNICEF assistance, which will give priority to growth monitoring, nutritional education and household food security.

Advancement of women

26. This programme, which aims to promote the economic role of women and food security within the family, is now making significant progress. This is a result of the recent strengthening of intersectoral cooperation between the Ministry of Production and the Ministry of Education in jointly training four groups of about 150 women in the islands of Grande Comore and Moheli. This technical training covers agricultural production and other training activities (production, storage, conservation, marketing and management), as well as functional literacy for women. UNICEF assistance will be continued and the activities are to be extended to cover most of the women who attend literacy centres in the three main islands of the archipelago. This assistance will be coordinated with the assistance provided under the nutrition programme.

Education

27. Primary education is undergoing a serious crisis; there are immediate needs that must be met in order to avoid a collapse of the system. All assistance within the framework of the objectives of "Education for All" must therefore take into account this vital need for the immediate survival of the system. UNICEF assistance will accordingly continue through the provision of basic teaching supplies and essential teaching aids and support for the retraining of teachers. In this context, 39 schools (about 16 per cent of the country's schools), with nearly 100,000 children and 250 teachers, will be affected. At the same time, UNICEF, in cooperation with other donors, including UNDP and the United Nations Educational, Scientific and Cultural Organization, will assist the Ministry of Education in formulating its national policy and its plan of action for basic education for all, taking into account the conclusions of the Jomtien Conference and in accordance with the recommendations of the round tables that have been held in the country for this sector.

28. As regards literacy, four women's literacy centres are already in operation in Grande Comore. Others are planned in Anjouan and Moheli, at the rate of six a year, distributed among the three islands that make up the archipelago. The centres are built by the beneficiaries themselves. Assistance in this area will continue through the provision of materials for the construction of centres, equipment and support for teacher training.

Water supply and sanitation

29. The water sector is one of the major priorities in the Comoros, particularly in Grand Comore, where the drought which has afflicted part of the island has forced the rural inhabitants to purchase containers and hire trucks to transport drinking water from the capital. This has made the rural population aware of the need to organize themselves to construct wells or develop water points and to participate in their financing and management. UNICEF will continue to assist in the rehabilitation of water supply points in the N'tsasouami region and this activity will be extended to the Anjouan and Moheli islands. A total of about seven water supply points serving about 150,000 inhabitants will be rehabilitated. Moreover, the 39 schools which receive assistance under the education programme and 15 PHC centres will receive equipment for the construction of water storage tanks. More attention will be paid to the sanitation component of this programme and emphasis will be placed on educating the population on aspects of drinking water management and environmental protection.

Monitoring and evaluation

30. In cooperation with a non-governmental organization (NGO), the "Comorian Association for Human Rights", the Ministry of Population and the Status of Women is responsible for updating the analysis of the situation of mothers and children and formulating a "national plan of action". In order to take local conditions into account, data collection will initially take place within the

different provinces. The data will then be consolidated at the national level and will constitute the basis for programming in the light of the objectives laid down for children for the decade. Moreover, the system of annual review will be institutionalized as soon as the situation stabilizes. The annual review will precede the formulation of the plan of action for the following year. It will make it possible to assess the effectiveness of the strategies and the impact of the activities carried out, and will identify the main problems, as well as any corrective measures and, where required, any adjustments that need to be made.

III. KENYA

31. The country programme for Kenya for the period 1989-1993 was approved by the Executive Board in 1989 in the amount of $15 million from general resources (E/ICEF/1989/P/L.2). An amount of $4,551,000 is being requested in addition to the approved amount of general resources for accelerating implementation of the country programme during 1992 and 1993.

32. The present country programme focuses on three levels of intervention. At the macro-policy level, it emphasizes advocacy on behalf of vulnerable groups of children and women among government policy makers, implementors of development strategies and other development partners. At the national sectoral level, the programme focuses on assisting the Government to reach and sustain the goals for children in the 1990s. At the district level, within the framework of the country's district focus in its rural development strategy, the programme focuses on improving the socio-economic well-being of the most disadvantaged women and children in six rural districts and three urban areas.

33. The mid-term review held in June 1991 provided a good opportunity to synthesize lessons learned and sharpen the programme focus. In 1992 and 1993, the area-based programme will thus concentrate in two rural districts and selected slum areas with a focus on developing integrated, community-based interventions that will be expanded later to the other target districts. The modified strategies include ways of improving and sustaining achievements in EPI, further development of the Bamako Initiative, integration of AIDS-prevention activities and consolidation of the water and sanitation programme by working closely with communities through NGOs. Although positive interventions at both district and macro-policy levels became possible through the progressive strengthening of professional capacity in the Kenya country office, rationalization of programme support is required to integrate activities and ensure cost-effectiveness.

34. The country goals for children in the 1990s focus mainly on reducing child deaths and malnutrition by sustaining EPI and on a broad range of PHC projects; supporting behavioural change and awareness to address AIDS; improving access to safe water supply and sanitation; reducing the gender gap in all aspects of development; advancing Education for All; and supporting implementation of the national programme of action to meet the goals for the

1990s. The main implementation strategy will be community participation through a more focused approach to area-based programming. Social mobilization, advocacy and development communications interventions will support activities in all sectors nationwide. In the remaining two years, the country programme will address the crucial issues facing children and women in the areas described below.

Health and nutrition

35. Sustainable PHC will be strengthened through greater community participation with the following specific objectives: (a) expanding EPI to low-coverage districts to achieve UCI by 1992 and to strengthen the immunization monitoring and reporting system; (b) strengthening community-based health care, district-level health information systems and their linkage with vital statistics; (c) supporting the procurement of oral rehydration salts (ORS) for all health institutions, including production and distribution by the commercial sector; (d) supporting the "baby-friendly" hospitals initiative by facilitating government enactment and enforcement of the draft national code on infant and young child feeding and by providing communication support to ensure that all hospitals and maternity units have "baby-friendly" practices supporting breast-feeding; (e) carrying out a national survey of iodine deficiency disorders (IDD) to facilitate modification of existing policy and legislation on the control of IDD; and (f) continuing support for the community-based growth monitoring programme, focusing on integrating it with other community-based health activities under the Bamako Initiative.

AIDS

36. The project will be expanded to support AIDS education for children of school age in formal and informal schools and to promote activities to ensure dissemination of correct AIDS information and changes in sexual behaviour. The Ugandan strategy of promoting person-to-person communication will be adopted to obtain such changes. Networking with major agencies to rationalize activities will include a joint approach to monitoring implementation.

Community-based water supply and sanitation

37. The provision of safe drinking water supply through the Government, NGOs and community networking has been an effective entry point to community-managed projects. As a result of this approach, an estimated 250,000 people in the target districts will have easy access to safe drinking water during 1992 and 1993, and over 125,000 will have adequate environmental sanitation as compared to 150,000 people who benefited from the programme in the past two years. The greater involvement of women in water supply and sanitation has also facilitated health education and hygiene within the PHC programme; about 270,000 people will benefit directly or indirectly from these activities in the next two years.

Women in development

38. In appreciation of the role that women play in the society at large, support for programmes that enhance their status will continue at the national and community levels, including efforts to influence policy and the integration of women's concerns in the development process. In view of the need to shift from women-specific activities to "mainstreaming" strategies, emphasis will be put on approaches that promote gender concerns within all sectors. At the community level, projects will be advanced to meet various needs of women and girls, including credit and savings activities, vocational training, projects for adolescent mothers, workload reduction and female education. Support will also be given to the collection and general dissemination of gender-disaggregated data.

Basic education

39. To advance the objectives of Education for All, programme communications and linkages between formal and non-formal education will be strengthened in all education projects. AIDS education will be strongly supported. The early childhood education project will focus on increasing participation and improving the quality and relevance of the curriculum. The development of community-based projects for the care and development of children under three years of age will also be pursued in the target districts. Major goals at the primary-school level will be to reduce girls' drop-out rates and improve access and completion rates for especially disadvantaged groups, as well as the quality and relevance of their education. Support for adult literacy will focus on female education in the target districts and be linked to other educational needs of women and young mothers.

Social planning and capacity-building

40. UNICEF will continue advocacy among policy makers and support the generation of the necessary data for programme planning and monitoring the achievement of the goals for the 1990s. The current situation analysis will be updated for preparation of the next country programme for the period 1994-1998.

Integrated area-based participatory programme

41. This programme emphasizes interventions that address the problems of improving the survival, protection and development of children and women at the grass-roots level. The participatory process is its major theme within the selected rural districts, drawing largely upon the national programmes and projects outlined above. The same strategy is planned for the urban basic services projects that address the problems in the three major cities of Nairobi, Mombasa and Kisumu, where poor child health and nutrition have increased infant mortality (mainly because of measles, diarrhoea, anaemia and malaria). Workable strategies have been identified to extend credit for business enterprises to poor women, generate disaggregated data on the urban poor, strengthen municipal capacities in financial management and administration and ensure the formulation of an urban development policy

favourable to the urban poor. The projects will focus on the protection of children in especially difficult circumstances.

Social mobilization, advocacy and development communication

42. Sensitizing national leaders and policy makers to the growing problem of AIDS and sustaining their commitment to the national programme of action to achieve the goals for the 1990s will feature prominently, as will efforts to disseminate the Convention on the Rights of the Child more widely to all sectors of society. In one district there will be a pilot, intersectoral development communications effort with an emphasis on AIDS awareness and education, EPI and the expansion of the Bamako Initiative through a variety of media approaches and greater focus on women.

IV. MAURITIUS

43. The country programme for Mauritius for 1990-1994 was approved by the Executive Board in 1990 in the amount of $1.5 million from general resources (E/ICEF/1990/P/L.5). The programme provided national support services for working women, mostly on Mauritius, and for the protection of children, as well as activities concerning health and nutrition, social statistics, monitoring, evaluation and integrated regional activities on the island of Rodrigues. The programme as a whole addresses the social problems affecting women and children in the new industrial environment of Mauritius, which has resulted from the mass entry of women, including mothers, into the labour market of the Export Processing Zone. One of its main aims is to reduce the disparity between Mauritius and Rodrigues.

44. By raising its annual planning level from $300,000 to $750,000, for which an additional amount of $1.5 million for 1993 and 1994 is requested, the country programme will become a powerful catalyst to and vital complement of national attempts to achieve the goals for the 1990s by reducing internal disparities, eliminating pockets of poverty and solving problems affecting women, mothers and children in the industrial areas of the Export Processing Zone. In the past two years, the country has practically not benefited from supplementary funding and most activities have been financed from general resources.

45. Because of the country's favourable political conditions and administrative and governmental stability, the activities planned for the first two years of the programme have been implemented smoothly. Government commitment to the ideals of the World Summit for Children is evident in its ratification of the Convention on the Rights of the Child; the signature by the Prime Minister of the World Summit for Children Declaration; the transformation of the Ministry of Labour and Women's Rights into the Ministry of Women's Rights, Family Welfare and Development of the Child; the establishment of a National Council for Children, a non-governmental organization under the supervision of that Ministry; and the allocation of budgetary resources for the campaign to promote the rights of the child and for a new programme for the development of the creativity of the child.

46. At present, every effort is being made to realize the goals for the 1990s through a more rigorous application and streamlining of programme objectives so as to make them more relevant in the areas of health, nutrition, basic education, literacy and the protection of children in especially difficult circumstances.

47. The programme as it was initially envisaged will be continued with all its components and in conformity with its initial objectives, which have been adapted in the light of the decade's goals.

Rodrigues area-based programme

48. Efforts will continue in the areas of health, nutrition, water supply and sanitation, basic education and literacy to increase awareness of the need for community participation in solving problems. The central role of women in the programme will continue to be strengthened and the main organizers will still be the community health staff and village committees, which will be supervised technically by the Rodrigues administration. The problems that had been encountered with community health workers have been resolved and the services they provide have improved markedly since the government decision to grant the workers a wage. The nutrition survey has been completed and activities for parasite removal have been successfully carried out with more than 1,000 pre-school children (15 per cent of the children five years of age and under), while growth monitoring has been strengthened and extended in villages with no social infrastructure. By mid-1991, around 50 per cent of the target activities had been completed in the area of water supply and sanitation, so that 150 water tanks had been constructed, four springs tapped, filters and water purifiers distributed to schools and 200 latrines built. As for basic education, two out of five planned pre-school units have been set up, and another five restored and their staff trained. The number of female literacy centres has risen from 11 to 16, with an average attendance of 20 trainees per centre. UNICEF will continue these activities, placing special emphasis on the education sector, now that the Government has drawn up a national education programme and a framework plan of action for education until the year 2000, in conformity with the recommendations of the World Conference on Education for All. Specifically, UNICEF will supply materials, equipment and resources for training, supervision and monitoring.

Support services for working women and child welfare

49. The programme has benefited from the convergence of government efforts, through the Ministry of Women's Rights, Family Welfare and the Development of the Child, and those of NGOs, notably women's associations. Those services are increasingly needed in a society which, because of rapid change, is facing the disintegration of the family and extremely serious problems of battered and exploited women and children. The services provided affect health, nutrition, education and literacy. A specialized health centre for women has been set up near the Export Processing Zone, providing the services of a doctor, obstetrician, gynaecologist and nutritionist. Because of complex administrative problems and high recurring costs, a project for mobile

canteens, originally designed to solve the food and nutritional problems of women in the Zone, has been abandoned in favour of a project to establish stores selling pre-packaged food products that constitute rich and balanced meals. All three planned child-care centres have been set up and 25 staff trained for them. Training activities for women were launched, providing training for trainers. Eleven literacy centres have been established, although this sector will not be able to develop fully until the plan of action for education has begun to be implemented. UNICEF will support all these activities by providing materials and equipment, training staff, promoting the spread of ideas and information through workshops, forums and study trips and improving awareness of the situation of mothers and children.

Health

50. In addition to the success of EPI, which achieved UCI by the end of 1990, significant progress was made in other areas, including the promotion of PHC through community participation, the launching of a health centre for women to meet the needs of almost 6,000 women workers, the training of community health staff and pre-school teachers in growth monitoring, the early detection of child disabilities and health education. However, many problems still exist at administrative, organizational and technical levels, to which the Government has responded with a certain number of measures. Several will require UNICEF support, including retraining medical personnel, strengthening community health centres, improving the system of logistics and supervision and extending health education to area and community health centres.

Nutrition

51. A system of nutrition monitoring has been established and the promotion of breast-feeding extended into the industrial areas and the Export Processing Zone in conjunction with the "Mauritian Action for the Promotion of Breast-feeding and Infant Nutrition". Campaigns have also been organized to support the concept of "baby-friendly" hospitals. UNICEF will assist in the execution of these projects.

Social statistics

52. UNICEF will continue to support the social statistics programme, which is becoming especially important in connection with monitoring implementation of the national programme of action for the survival, protection and development of children in the 1990s.

V. RWANDA

53. The country programme for Rwanda for 1988-1992 was approved by the Executive Board in 1988 in the amount of $6 million from general resources (E/ICEF/1988/P/L.5). In 1990, because of a decline in per capita gross national product, the annual planning level was raised from $1,200,000 to $1,636,000 and, from 1992, to $1,980,000. An additional $1,921,000 is now

being requested to provide enhanced UNICEF support to the Government to enable it to consolidate its interventions for the survival, development and protection of children and women and to expand those for programmes country-wide.

Primary health care

54. Facing increasing financial difficulties, the Government has adopted a health strategy based on decentralization and community participation along the lines of the Bamako Initiative, with EPI as the entry point. Rwanda achieved UCI in 1989, the result of strong political commitment at the centre and high motivation of health staff at the periphery. By 1989, ahead of planning targets, vaccination services and cold-chain infrastructure were available at all health facilities. Since 1988, 67 of the planned 80 health centres have received an initial supply of essential drugs and have set up management committees for revolving drug funds. Community demand and financial response to the Bamako Initiative are now beginning to exceed management's capacity to supply drugs. UNICEF is assisting the Ministry of Health to develop a management information system and gradually to integrate more health centres into the scheme.

55. The CDD project has aimed at ensuring the availability of ORS at all health facilities and in 50 per cent of households, and at providing training and social mobilization so that 90 per cent of diarrhoea cases were correctly managed at home and at health facilities. Since 1988, the programme has assisted in setting up rehydration units in one third of the country's health centres. ORS sachets are now available at all levels of the health system. Two oral rehydration training centres have been established. One sixth of those in charge of health centres have undergone training in oral rehydration therapy. However, programme implementation has been overshadowed by the drive for UCI, which consumed much of the country's scarce human resources.

56. The fight against AIDS has become an increasingly urgent priority since the beginning of the current programme cycle. Since 1988, UNICEF has been supporting national agencies with a focus on prevention education for young people and care for the victims of AIDS and their families. Widespread training in AIDS prevention for schoolteachers and social workers has been supported, as well as the dissemination of education materials and research into the social impact of AIDS. Evaluations of current initiatives and regular supervision of programme activities have been undertaken. Priorities for 1992 are to strengthen current activities in health education and social mobilization among school and non-school populations, to support agencies that are developing approaches for the care and support of families stricken by AIDS, and to participate in research into the impact of and responses to an epidemic whose repercussions are assuming increasingly alarming proportions.

57. The challenge for the period up to 1993 is to ensure that community-level health services and parents maintain and build on the high level of immunization coverage by adopting an integrated approach to health care, nutrition, water supply and sanitation, household food security and basic

education. The programme will continue to follow a strategy based on the Bamako Initiative, with priority on strengthening of monitoring tools and information systems, the streamlining of the distribution system and the training of the heads of health facilities in drug supply management. While immunization is now available at all health centres, the 1992 target of more than 80 per cent calls for major efforts in outreach, social mobilization and health education. A major evaluation of the immunization programme is planned for 1992. This will allow the design of a programme that will lead to the eradication of poliomyelitis and neonatal tetanus by 1995.

Water supply and sanitation

58. UNICEF supports a small-scale water supply and sanitation programme to improve and protect 400 spring catchments per year. The programme has introduced a laundry block which uses water from each spring catchment. Each water point is managed by a community committee. The programme is also promoting improved sanitation and hygiene with a ventilated improved pit latrine. UNICEF has also assisted in providing 50 of a planned total of 80 household water storage facilities, using rainwater catchment tanks linked to corrugated iron roofs. Targets in spring catchments and laundry blocks have been met, although progress in sanitation and household water storage has been less satisfactory, mainly as a result of economic constraints and of the lead time involved in changing people's attitudes towards sanitation. The programme is supported by social mobilization and health education.

Nutrition and women

59. Very few rural people have experience or skills in income generation beyond the small-scale production and sale of some foodstuffs and of cash crops. The current country programme attempted to address this central issue through the provision of credit to women's groups to enhance their economic activities. The programme assisted a national NGO in publishing a training guideline for the development of small enterprises and in training 1,000 women in the management of small enterprises. It has also supported labour-saving technologies for women, mainly in the area of food production and processing. However, much work remains to be done for the introduction of the new nutrition strategy, of which household food security is an element. UNICEF will assist the Government to expand nutrition surveillance, train health workers and mothers in growth monitoring and promotion and reinforce exclusive breast-feeding and sound weaning practices. The links between nutrition and household food security and women's economic activities will thus be strengthened.

Education

60. The education programme is assisting the Government to train primary school inspectors and provide refresher courses for unqualified primary school teachers. It is also assisting in the extension of adult literacy activities to all 143 communes in the country. Literacy activities have been intensified in 50 communes since the beginning of the programming cycle. The Government

has set up a national commission to follow up the World Conference on Education for All. A comprehensive education sector review is planned for early 1992 to plan for Education for All. At the same time the programme will continue strengthening the skills of primary school teachers and their supervisors, and will attempt to accelerate adult literacy activities in an additional 50 communes.

Breakdown of annual funding requirements

(In thousands of United States dollars)

Country	Current programme cycle	Approved general resources funding a/	Additional funding proposed 1992	1993	1994	Total
Burundi	1988-1992	6 000	812	-	-	812
Comoros	1990-1994	1 500	181	750	750	1 681
Kenya	1989-1993	15 000	172	4 379	-	4 551
Mauritius	1990-1994	1 500	-	750	750	1 500
Rwanda	1988-1992	6 000	1 921	-	-	1 921
Total			3 086	5 879	1 500	10 465

a/ The amounts shown here include the actual balances carried over from the previous programme cycle.

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RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMMES IN THE WEST AND CENTRAL AFRICA REGION*

SUMMARY

The present document contains recommendations for additional general resources to fund the approved country programmes in the West and Central Africa region for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme periods. The Executive Director recommends that the Executive Board approve additional general resources in the following amounts, totalling $12,470,000, to achieve the objectives of the country programmes as originally approved by the Board.

Country/programme	Amount (United States dollars)	Current programme cycle
Cape Verde	1 508 000	1990-1994
Central African Republic	1 463 000	1989-1993
Guinea-Bissau	1 215 000	1989-1993
Mali	6 478 000	1989-1993
Mauritania	1 806 000	1989-1993

Annual funding requirements of the five countries are provided in the table.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

INTRODUCTION

1. The Executive Director has authorized increases in the annual planning levels of a number of countries in the West and Central Africa region in 1991, taking into account availability of general resources and the income projections in the medium-term plan. This increase raises the annual planning levels for general resources from $750,000 to $1 million for countries with a child population of more than 1 million and/or a full-fledged UNICEF country office, and raises the minimum general resources planning level for other countries to $750,000.

2. As a result, the balances of approved general resources are not sufficient to fund the five country programmes in the West and Central Africa region up to the end of the approved country programme period. The Executive Director recommends that the Executive Board approve additional amounts from general resources covering the programme periods as originally approved by the Board.

I. CAPE VERDE

3. The country programme for Cape Verde was approved by the Executive Board in 1990 for the period 1990-1994 with an allocation of $1.5 million from general resources (E/ICEF/1990/P/L.8). As part of the overall effort to strengthen implementation of programmes benefiting women and children, the annual planning level was increased from $300,000 to $500,000 in 1991, and again to $750,000 for 1992. An additional $1,508,000 is requested for the remaining three years of the current programme cycle to allow Cape Verde to accelerate and expand activities within the framework of the country programme in order to meet the challenges provided by the World Summit for Children.

4. Cape Verde recently changed its one-party political system to a multi-party democracy. The new Government, established by the former opposition party after it had won the election in 1991, has embarked on programmes that directly address the needs of children and women, especially in the areas of primary health care (PHC), water supply and environmental sanitation and basic education. A major priority for the new Government will be to increase substantially district- and community-level responsibilities in the implementation of government programmes. Coordination is to be provided by elected district administrators. The decentralized and community participation approach in planning and implementation of programmes provides an opportunity to accelerate and expand activities in PHC and water supply and sanitation programmes since such an approach is considered crucial in obtaining better and more sustained results, thus helping the country achieve its national goals.

Primary health care

5. The present country programme emphasizes cooperation in PHC, especially the expanded programme on immunization (EPI), control of diarrhoeal diseases (CDD), nutrition, acute respiratory infections (ARI), mother and child care,

and essential drugs and cost-recovery. The health programme aims by 1994 to reduce: (a) the infant mortality rate (IMR) from 66 to 50 per 1,000 live births; (b) the maternal mortality rate (MMR) from 60 to 40 per 100,000 live births; (c) severe malnutrition from 3 to 1 per cent; and (d) mild and moderate malnutrition from 20 to 10 per cent.

6. Since the new Government has expressed its strong commitment to strengthening further PHC activities, UNICEF will reinforce its existing cooperation and additional funds will be used to provide technical assistance to the Government for formulating and implementing PHC policies and programmes. Emphasis will be on achieving related Summit goals, as well as on implementing the decentralization policy for all relevant PHC components. In addition, funds will be used to help strengthen district-level capacity in planning and implementing PHC, in particular in relation to EPI and CDD activities.

7. Although Cape Verde reached universal child immunization (UCI) in 1986, the results are not yet considered sustainable. Diarrhoeal diseases remain one of the main causes of infant and child deaths. Therefore, further strengthening of the EPI and CDD programmes will be given high priority. It is expected that the planned decentralization process can contribute substantially to this since it allows the elaboration of district-specific plans of action which can take into account local constraints while defining targets, strategies and activities for specific areas. UNICEF will assist district administration and PHC staff in the elaboration of annual plans of action for the entire PHC programme. Further, funds will be used to provide additional assistance at the district level in implementing planned PHC activities, while giving priority to: (a) supply and distribution of vaccines, oral rehydration salts (ORS) and essential drugs; (b) cold-chain equipment and management; (c) extension and strengthening of vaccination services; and (d) imparting of planning and data analysis skills to district-level and PHC staff. The above interventions are expected to benefit 58,600 children under five years of age, representing 16.4 per cent of the total population.

Water supply and sanitation: Santiago Island

8. More than 60 per cent of all infant deaths occur on Santiago Island. This programme is expected to contribute to the reduction of infant mortality on the island from 85 to 60 per 1,000 live births by 1994. Since diarrhoeal diseases are one of the principal causes, the programme is focusing on preventive activities emphasizing increased access to potable water and basic sanitation services and facilities, as well as improved sanitary conditions in urban areas. The programme is being implemented in two districts, Tarrafal and Santa Catarina. It is now recognized that health, hygiene and sanitation conditions in the district of Santa Cruz and the rural areas of Praia are among the worst in the country. Therefore, additional funds to expand project activities to these two districts will be utilized. Expanded project activities will include: (a) the construction of water supply systems, cistern tanks and latrines; (b) the maintenance of systems and facilities constructed under the project; (c) the supply of containers for garbage collection; and (d) activities for water quality improvement, for example,

training of project personnel and intensified involvement of front-line health workers in CDD activities.

9. UNICEF support will also be strengthened to improve the database for monitoring health, hygiene and sanitation on the island. In addition, it will allow the establishment of better-defined criteria for the selection of communities and families to be covered by the project.

10. Finally, it is expected that, in preparation for the 1995-1998 programme, a subnational situation analysis update can be undertaken on an island-by-island basis so as to consolidate island-specific programmes of action.

II. CENTRAL AFRICAN REPUBLIC

11. The country programme for the Central African Republic was approved by the Executive Board in 1990 for the period 1989-1993, with an allocation of $3 million from general resources (E/ICEF/1988/P/L.8). The annual planning level was increased to $750,000 in 1991 and to $1 million as of January 1992. An additional $1,463,000 is requested for the remaining two years of the current programme cycle to allow the Central African Republic to accelerate and expand activities within the framework of the country programme.

12. Since the formulation of the present country programme, which was based on the 1988 situation analysis, the economic situation in the Central African Republic has continued to deteriorate rapidly, with negative consequences for national capacity and budgets and the overall quality of life of the population, especially children and women. Total external aid to the country in 1990 reached 17.1 per cent of 1989 gross national product (GNP). Since the beginning of the year, the opposition launched a series of strikes and political demonstrations which, in most cases, ended in riots. State capacity to meet its own social obligations has also been largely curtailed.

The Bamako Initiative

13. Although the incidence of the six EPI diseases has diminished considerably with the extraordinary results of EPI in 1991, diarrhoeal diseases, malaria epidemics and severe malnutrition remain major problem areas. Low birth weight, linked to the frequency of anaemia among pregnant women, is a severe problem. Prenatal care remains rather limited and maternal mortality continues to be high. The latter, like infant mortality, is linked to poverty, with the absolute poverty threshold increasingly touching more urban and peri-urban families. Implementation of the structural adjustment programme led to the loss of 15,000 jobs, and government resources allocated to the social sectors decreased considerably. The overall situation is further aggravated a by very high prevalence of acquired immune deficiency syndrome (AIDS); the Central African Republic is among the African countries most severely affected.

14. The present phase of the programme is very important for the implementation of a national PHC programme using the Bamako Initiative approach. Considerable efforts were made in 1991 to identify three districts where the programme is to be developed; an inventory of all infrastructure and a study on public health problems have been undertaken in these districts.

15. UNICEF, in cooperation with the United Nations Development Programme (UNDP), will support the programme in restoring 60 health units covering 490,000 people, or about 20 per cent of the country's total population, equipping and supplying them with drugs, organizing refresher courses for the health staff, setting up a cost-recovery system and reinforcing health structures at the peripheral level. A national drugs fund will be created which will encompass all generic drug purchases and ensure the transport of drugs to health units.

16. During the second half of the 1980s, the Central African Republic made great efforts to extend immunization coverage and to control the six target diseases. Several strategies were used, including an energetic social mobilization campaign. These actions were accelerated during 1990-1991 and the immunization coverage increased from 55 per cent for the main antigens (three doses of combined diphtheria/pertussis/tetanus (DPT3) and measles) to 85 per cent for one dose of anti-tuberculosis vaccine (BCG), 77 per cent for DPT3, 80 per cent for measles and 75 per cent for two doses of tetanus toxoid.

17. The reluctance of parents to immunize their children has been overcome by a process involving a social mobilization and information/communication campaign. Increasing and maintaining coverage above 75 per cent will depend on the integration of EPI in the PHC system, with continued support of external resources.

18. The Central African Republic is facing an AIDS crisis, with a seroprevalence rate of 8 per cent of the entire population. The situation is particularly alarming given the extent of the spread of the human immune deficiency virus in the rural population. The national control programme is fundamentally limited by the lack of technical skill and financial resources. An AIDS information campaign was started by the Government in secondary schools and at the university level. Most activities during 1992-1993 will be decentralized to regional and, subsequently, to district levels. UNICEF will support and reinforce the introduction of AIDS-related health education in primary and secondary schools through the training of schoolteachers. Training and information materials produced in other countries will be adapted for use in the Central African Republic. These will include education and communication messages targeted to specific groups, case management and counselling.

19. The rate of iodine deficiency disorders (IDD) is extremely high, over 62.5 per cent among children 8 to 18 years of age, making the Central African Republic one of the more affected regions of the world. A national IDD control programme will be started in 1992 by the Government. UNICEF will support the administration of iodine to the susceptible population, to be given by teachers, community health workers and occasionally even by parents. Iodization of water should also be considered.

Water supply and sanitation

20. Efforts in this sector, part of overall PHC, are a partial answer to the high incidence of infant and maternal morbidity and mortality. In this respect, the Government initiated a national water supply programme covering 20 per cent of the population. With UNICEF support, 350 wells have been drilled, most in two districts, Ouham and Nana Gribizi, supplying 125,000 persons who represent 5 per cent of the total population. Furthermore, 879 latrines have been built, and around most water points, food production activities have been set up. Drilling activities will continue in 1992 in PHC locations to reinforce the implementation of the PHC programme.

Women

21. The lack of a well-defined policy for women in the Central African Republic constitutes a major obstacle to action. Studies need to be undertaken to identify the priority needs of girls and women for more effective programming. Research will be conducted to highlight the special needs of girls, school drop-outs, pregnant adolescents, women farmers and female heads of households. Research will also address the issues of women's access to credit and the impact of the economic crisis. In the next programme, a special effort will be made to integrate a "women in development" perspective into all the relevant activities of the programme of cooperation.

III. GUINEA-BISSAU

22. The country programme for Guinea-Bissau for the period 1989-1993 was approved by the Executive Board in 1989, with a general resources allocation of $1.5 million and with $5,134,000 in supplementary funds, subject to the availability of specific funding contributions (E/ICEF/1989/P/L.6). In 1990, the annual planning level rose from $300,000 to $500,000 and for the 1991-1993 period the annual planning level has been set at $750,000. Therefore, an additional $1,215,000 is being requested to replenish the approved general resources that have been depleted since 1990 due to the increased planning level.

23. This recommendation for additional general resources is also geared to enhance the country programme capacity to respond to an increasingly complex and demanding socio-economic situation resulting from the structural adjustment programme adopted in the country in 1987. There have been dramatic reductions in public expenditures that have made an already weak management and implementation capacity even more fragile. The negative social and economic effects are raising demands from the population for better social services and for a more equitable distribution of national resources.

24. In the last year real income of the majority of the population has decreased by at least 50 per cent and the situation of the more vulnerable groups is even worse. The GNP of about $190 per capita is considerably below the average level in least developed countries of $227 per capita. Social indicators are among the worst in Africa: the under-five mortality rate (U5MR) is 250 per 1,000 live births and MMR is 800 per 100,000 live births.

This situation underscores the need to confront these problems in an efficient and sustainable manner. It is therefore essential to increase both the human and material resources available to form and strengthen systems that expand and better manage the services provided. Increased assistance to the social sector is required to enable the Government to build systems that assume gradually more responsibility.

25. A mid-term review, carried out jointly with the Government in July 1991, analysed the current country programme and concluded that while the strategy implemented in addressing the problems of the health, water supply and social communication sectors was adequate, the 1989 situation analysis underestimated the difficulties that were to ensue as a result of the structural adjustment programme, especially concerning the Government's operational capacity. The structural adjustment programme influenced programme activities in two ways: severe reductions in public expenditure have made an already weak management and implementation capacity even weaker; and negative social and economic effects are raising demand among the population for better social services and for a more equitable distribution of national resources.

26. The mid-term review also discussed the World Summit for Children follow-up and preparation of the national programme of action for children. In light of the above, priorities for this current phase of the country programme have been established.

27. The country programme concentrated efforts to strengthen PHC in such activities as support to the management capacity of regional health directorates, especially in two regions, Gabu and Oio, where the Bamako Initiative is being introduced; and human resource development, by financing refresher courses for 225 paramedical personnel and by establishing two training modules in health planning for 50 senior public health personnel.

28. EPI has attained steady progress, and the fully vaccinated child population rose from 34 per cent in 1988 to 45 per cent in 1990. BCG coverage has increased to 94 per cent, which demonstrates a good level of contact between children and vaccination teams. Coverage of the first, second and third doses of DPT and poliomyelitis is 86, 74 and 53 per cent, respectively.

29. As the government allocation for drugs meets only 7 per cent of the country's need, for the past two years UNICEF has assisted the essential drugs programme in management, logistics and supply of all drugs needed to cover about 75 per cent of the population. Prior to 1988, the quantity of drugs needed at the level of each health facility was based on patterns of previous use. The project has now been able to introduce a standardized system for treatment and prescriptions, following World Health Organization methodology. The national programme administrator was trained in this system and has implemented the process successfully. The central drug depository in Bissau is functioning well, with good equipment, and a stock control system has been introduced. The principles of the Bamako Initiative have been introduced successfully in two regions (Gabu and Oio) and an expansion to other regions will be undertaken with supplementary funding from the Government of the Netherlands.

30. Assistance to the water sector has consisted mainly of support to two zone-based projects, one in the eastern province (Gabu) and the other in the northern province (Sao Domingos). The project at Gabu, which promotes rural sanitation and social mobilization, has suffered from a lack of supplementary funding for two consecutive years, limiting its range of activities to rural extension. The project has been a useful base for preparing a new plan for rural sanitation in Guinea-Bissau. In addition, the people trained and educated form an excellent nucleus for the development of a new project in Gabu which could serve as a model for a future national system of community leadership and the expansion of rural sanitation.

31. The project at Sao Domingos is in its fourth phase of operation. During the first two phases, which ended in 1984 and 1986 respectively, the project focused on the construction of 120 water wells in the west of the region, while during the third phase, the eastern area benefited. The project was extended in 1988, following an evaluation by the Danish International Development Agency, the principal donor. The objective of the third phase, to construct an additional 100 water wells, was accomplished by the end of 1989, benefiting 22,000 people. A further evaluation recommended that the project be extended for a fourth phase over the 1990-1993 period, envisaging construction of an additional 200 wells in the Bigene sector. The project intends to continue the training of well-diggers. It will upgrade a school to a national training centre that is equipped to train teams in the installation of wells and to provide courses in latrine construction and manual pumps. The project has produced 22 out of a projected 25 wells during the first half of 1991. Community leadership and involvement are carried out by the well-diggers themselves.

32. A wide programme of advocacy and mobilization activities for the World Summit for Children and the preparation of a national programme of action were undertaken under the aegis of the social communication project. Regional activities form the thrust of the national programme of action. The area of social communication and information has expanded in range and activities. It covers about one third of the population at large, in both rural and urban areas, through radio, television and written materials. A central social communication office has been established within the Ministry of Information. A magazine, O Comunitario, promoting the well-being of women and children, is published monthly, reaching 2,500 readers. Three relevant radio programmes are regularly broadcast by the national radio, in Crioulo, a local dialect, and a weekly television programme for children entitled "Children: Our Responsibility" is now being broadcast. Establishment of a regional office in Gabu, which can prepare weekly programmes to broadcast from the local station in the regional language, is under way. An art and exhibition gallery in Bissau provides assistance to cartoonists who participate in the various awareness programmes in the sectors of health and water supply. There is a well-established capacity to produce posters and a variety of publications.

33. Priorities for this current phase of the country programme have been established in light of the World Summit for Children and the challenges created by the national programme of action for children.

Health

34. UNICEF will continue to strengthen the PHC system through extensive courses for PHC staff, including instruction in social communication techniques and community participation. It will also guarantee supplies and logistics support for the essential drugs programme. The Bamako Initiative strategy will extend into two additional areas, along the lines of the Gabu experience. The planned improvement in logistical support to EPI will include replacing or totally overhauling the vehicle fleet and implementing an efficient maintenance system. The storage and distribution of vaccines should also be reorganized and centralized in Bissau. Other activities support the development of a clear and culturally sensitive strategy of family welfare and extend provision of materials and technical cooperation to regions in collaboration with PHC/maternal and child health (MCH) programmes. The national programme for malarial control will be supported. UNICEF will support the development and consolidation of systems of management, planning, logistics, data collection and analysis; results of this analysis will be used to correct and improve activities in outlying areas.

Nutrition and food security

35. Research will be carried out on coping mechanisms of poor urban and rural households. UNICEF will assist in strengthening a nutrition surveillance system in conjunction with PHC/MCH activities, at all levels of health service. Support will be given to the development of a national food and nutrition strategy as part of the preparation for an international nutrition conference.

Education

36. UNICEF will assist in the strengthening of the primary education programme, developing links between the present social communication project and the educational structures. It will also collaborate in the preparation and dissemination of didactic materials, placing special emphasis on education courses for rural women.

Water supply and sanitation

37. Support will be given to implement the new national plan for rural sanitation and to formulate an operational strategy which incorporates the experiences of the Gabu project. Support will also be provided for the transformation of the new well-diggers training centre in Sao Domingos into a broader rural extension centre that covers all aspects of rural development.

Social communication

38. Using the existing capacity for social communication materials and radio and television production, services will be available to other public and private bodies, including agencies and non-governmental organizations, which can benefit from UNICEF technical collaboration with the social communication office, thus optimizing the use of scarce resources in each sector. UNICEF will assist in improving the logistical capacity and outreach of the mobile

teams of the Ministry of Social Communication to allow them to work more effectively in rural areas and strengthen the distribution outlets. Additional financing will facilitate the formulation and initial mobilization of the national programme of action, which will have a strong regional profile, a trend initiated in 1990 during the pre-Summit stage of preparatory activities.

Women

39. Reduction of the very high IMR and MMR continues to be a major challenge in Guinea-Bissau, particularly the "interface" between pregnancy and the first month of a child's life. The poor nutritional status of women directly affects maternal and neonatal mortality and causes low birth weight. There is a need to address those problems simultaneously in order to solve them over the long term. As the principal workers in the agricultural sector, women play a critical role in both the national economy and in the family. But this double role represents a heavy burden on women's health and exacerbates the cycle of female undernutrition and low birth weight among children. Although the country programme previously addressed these problems from the standpoint of health services, there is a strong need to enhance rural household capacity to improve the status of women. The remaining phase of the country programme envisages, in this regard, support to rural women through a training project for those self-employed in food processing, storage and marketing. This project will improve women's control in crop processing and marketing as well as instil a greater sensitivity in national efforts to integrate women in rural development plans.

IV. MALI

40. The country programme for Mali was approved by the Executive Board in 1988 for the period 1989-1993, with available general resources of $13 million (E/ICEF/1988/P/L.10). Subsequently, taking into account declining GNP per capita and the continued high IMR, the annual programme budget planning level of $2.7 million from general resources was increased on several occasions. The proposed level for 1992 and 1993 is $4,125,000. The purpose of these increases is to enable the Government to consolidate its interventions in the field of the welfare of mothers and the survival, development and protection of children following the transition from programmes of an emergency nature to development programmes; and to expand these programmes country-wide in order to increase the number of those benefiting from assistance.

41. As a result of the increased rate of expenditure during this period, the general resources funds approved in 1988 for the Mali country programme will be exhausted more quickly than had been anticipated. At the same time the need to modify the current programme in order to take into account a rapidly changing situation in the country has become increasingly evident. Therefore, it is proposed that a new programme of cooperation for the period 1994-1998 be approved.

42. The basic elements of the existing country programme (health, water supply and sanitation, education and nutrition) are fundamental to the effort to improve the situation of children in the country. Programmes in these sectors are being reinforced, while modifications are being incorporated to take into account such initiatives as the ambitious new PHC project described below; of such newly emerging priorities as the role of women in development, urban services, malaria and AIDS; and of regional differences. The effectiveness of the basic country programme strategy was confirmed during the mid-term review meeting which was held in early 1991, at which time the results of various studies were incorporated into the components of the country programme.

Primary health care

43. In the face of increasing financial difficulties, the Government has adopted a health strategy based on decentralization and community participation, along the lines of the Bamako Initiative strategy. In the first phase, 21 centres will be revitalized and 120 new community health centres will be created. Health planning is being delegated to the district level and government inputs are contingent on a community's willingness to establish its own health centre. The experience of the Mopti region, with decentralized health planning and essential drugs, is being extended to all areas covered by the project. It will be extended to the three northern regions when the security situation permits. The strategy emphasizes improved quality of health services, integration of activities and availability of a limited number of essential drugs. The Government is preparing a reform of the pharmacies populaires, with a view to establishing a regular supply of, and a consistent pricing policy for, essential drugs.

44. In this effort, UNICEF is playing a major role in cooperation with the World Bank, the United States Agency for International Development and the European Development Fund. UNICEF PHC technical advisers have been placed in four regional capitals and in the district of Bamako. Their task is to assist in the planning process, in the definition of the basic health package to be delivered and in the training of lower-level health staff.

45. In addition, special attention will continue to be given to the three northern regions, where living and working conditions are most difficult. An essential drugs programme is already in place and the Government is pursuing improved delivery of health services in line with the Bamako Initiative strategy.

46. Although the UCI goal of 80 per cent was not completely achieved, immunization increased in 1990 by more than 50 per cent over the previous year to reach a level of 43 per cent coverage for DPT3. Special efforts are being made to increase coverage in urban centres where risks of infection are highest. In line with the policy of decentralization, all EPI activities are now planned and executed at the regional level. This has already resulted in a substantial reduction in operating costs and will enhance the sustainability of the programme. Furthermore, local development committees are directly financing the costs of health staff in order to increase immunization coverage. The logistical infrastructure put into place for EPI will benefit

all other health activities. UNICEF will continue to support immunization services in the context of integrated health services delivery so as to achieve further cost reductions.

47. The Mother and Child Health Department has proceeded with a reorganization of the overall health system that will enhance the quality of health services. Training materials have been developed and the full implementation of the reorganization is under way. Local production of ORS meets required quality standards, and efforts are being made to improve regular distribution to all areas of the country.

Water supply and sanitation

48. Approximately 37 per cent of the population in rural areas has access to safe drinking water. Adequate sanitation in these areas is available to only 3 per cent of the population. UNICEF is supporting communities in the regions of Gao, Tombouctou, Mopti, Ségou and Koulikoro, located in the Sahelian zone, where access to safe drinking water is most difficult, to improve their water supply and sanitation facilities. The objective is to install 350 boreholes by the end of 1992. Each village has a water management committee, which is responsible for all aspects of water supply and sanitation at the village level, including the payment of the costs of maintenance and repair through a system of cost-recovery. The project has, since 1989, installed 277 new boreholes and equipped them with hand-pumps. A network of private pump mechanics has been set up, which has effectively taken over the task of maintenance and repair from the Government.

49. The hygiene and sanitation component has been slow to take off due to a lack of a clearly defined government policy in this field. In 1991, UNICEF, in collaboration with the Government and UNDP, financed a study that proposed solutions for hygiene and sanitation in rural areas. A pilot project is under way in the regions of Mopti, Ségou and Koulikoro. In 1991 UNICEF financed a national survey on dracunculiasis (guinea worm) infection in 1991. A national programme for eradication of the infection is being developed and will commence in late 1992.

Basic education

50. Primary school enrolment rates in Mali are among the lowest in the world and have been dropping over the past decade. Literacy rates, particularly among women, are even lower but have been slowly on the rise. A recent national conference on education recommended expanding basic education, with a particular emphasis on the non-formal sector.

51. In order to stop the falling enrolment rates in primary schools, UNICEF has cooperated with the Government in the development of more appropriate curricula, notably in the field of health education. As part of this pilot project, a method of teaching by objective has been introduced. The project is now in operation in the three northern regions and is being extended to three other regions. The Government is expected to integrate the programme in the official curriculum as of the 1992-1993 school year.

52. A female literacy project in local languages, with a strong emphasis on post-literacy training, has been undertaken in the Sahelian zone in the north of the country. The project is being extended to three other regions. Functional literacy is being guaranteed through integration with area-based programmes supported by UNICEF and other agencies.

Household food security and nutrition

53. Household food security projects are being implemented in the drought-prone Sahelian zone, near Tombouctou, Bourem, Mopti and Ségou. The projects variously stress enhanced control over water resources for irrigation, improved productivity of traditional agriculture and establishment of grain banks at the community level. Community-based nutrition surveillance has been introduced, enabling the communities to monitor directly the nutritional status of children. A pilot project for combating iodine deficiency in the Ségou project area has led to a national programme, which is currently being implemented.

54. Area-based programmes also serve as focal points of PHC, water supply and sanitation and functional literacy projects. Recently, an environmental component has been introduced to promote reforestation. UNICEF will continue to support intersectoral integrated approaches to human development in order to stimulate the synergistic effects among different fields of action.

Social mobilization

55. Social mobilization is a crucial element in promoting goals and strategies for women and children. Child rights and, more generally, the objectives of the World Summit for Children are at the centre of social development policies of both the Government and UNICEF. Intense advocacy has brought about a marked change, as awareness of issues concerning children and women has become almost universal in Mali.

Monitoring the situation of women and children

56. In line with the development of the national programme of action for children for the 1990s, the need to monitor the situation of women and children has received new impetus. An interministerial commission has been set up to monitor the progress of programme goals.

Programme support

57. In view of the logistical requirements of a country the size of Mali, UNICEF will continue to give support for repair, maintenance and distribution in all parts of the country. The essential functions of the logistics base in Bamako have been re-established to the benefit of EPI, MCH and water projects. The progressive implementation of the structural adjustment programme will further limit Government capacity in logistics and distribution management, rendering this facility even more important.

V. MAURITANIA

58. The current country programme for Mauritania was approved by the Executive Board in 1988 for the period 1989-1993, with a total allocation of $2,405,000 from general resources (E/ICEF/1988/P.11). The annual planning level was increased to $750,000 in 1991 and to $1 million in January 1992. There is a need to request further general resources funding of $1,806,000 to cover the period 1992-1993 for needs anticipated and those unforeseen stemming from the conflict between Senegal and Mauritania.

59. Since the formulation of the current country programmme, which was based on the 1988 situation analysis, national capacity, budgets and overall quality of life - particularly of children and women - have not improved. The continuous deterioration of the economy, the conflict with Senegal and the lack of flow in foreign aid are some of the major causes of this stagnation, if not regression. The Mauritanian economy has suffered serious setbacks as a result of poor performance in the two chief industries (iron mining and fishing) and a sharp drought-induced reduction in cereal production. The structural adjustment programme has improved some economic indicators, e.g., a relative reduction of the budget deficit and a drop in the inflation rate. However, the balance-of-payment deficit has plunged further, doubling last year's level, and the overall budgetary deficit is estimated at 5 per cent of the gross domestic product. Moreover, the continued exodus from rural areas has exacerbated the problem of displaced urban populations, further deteriorating conditions in shanty towns.

60. The per capita GNP of $480 masks gross inequities. Some child survival and development indicators are particularly relevant in portraying the precarious and vulnerable condition of women and children in Mauritania, specifically among rural communities and indigent residents of shanty towns. IMR and U5MR are still very high (125 and 217 per 1,000 live births, respectively), and children are highly prone to infectious diseases (ARI, parasitic diseases, malnutrition and diarrhoea). Moderate malnutrition is estimated at 44 per cent, while in the emergency region of Tagant more than 50 per cent of the children suffer from severe malnutrition during the dry season. Only 20 per cent of the population has access to potable water and sanitation, and access to health facilities is limited to 50 per cent.

61. Despite some improvement, the literacy rate is still only 35 per cent. Women, who constitute more than 50 per cent of the population, encounter major problems: heavy workloads; high MMR (as high as 700 per 100,000 live births); anaemia; vitamin A deficiency in pregnant women; and low literacy rates.

62. Political and social tensions have eased following the democratization process of July 1991 and following negotiations between Senegal and Mauritania, held to compensate the victims of the conflict. The psychological and economic effect of the conflict, however, remain visible, particularly in displaced populations. The Government must deal with this situation while implementing the structural adjustment programme, which calls for cuts in public expenditure, specifically in the social sectors.

63. The 1988-1993 Government/UNICEF country programme will be reinforced throughout 1992 and 1993, emphasizing the elements listed below.

Primary health care

64. The health status of the Mauritanian population is characterized by a strong prevalence of preventable diseases and an inadequate preventive and curative health system. The main causes of infant deaths and morbidity include: ARI, malaria, measles and diarrhoeal diseases. Mortality in women of child-bearing-age is a key cause of death in the adult population; the high fertility rate (6.5 children per woman) has been identified as one of the main factors affecting MCH. A rapid increase in settlements has induced a demand for fixed services, putting stress on limited resources and bringing about a critical degradation in the quality of services.

65. The health and population programme, supported by the World Bank, the United Nations Population Fund, the German Agency for Technical Cooperation and UNICEF, will help strengthen PHC services as of 1992. UNICEF participation will ensure that the programme focuses on the Bamako Initiative strategy, identified as the most effective way to provide comprehensive, affordable and high quality health services through the establishment of a reliable PHC system. The aim is to integrate current "vertical" projects (EPI, CDD, ARI, malaria control and family planning) more fully. In line with the decentralization established by the government master plan for health (1991-1994), and based on the concept of the Bamako Initiative, interventions will emphasize strengthening community participation in the management of health units. This will be achieved through more effective organization, training and provision of adequate incentives to health committees and health workers.

Education

66. The enrolment of children in primary school has increased in recent years. However, the system is characterized by inefficiency, including overcrowded classes, high drop-out rates, high repeater rates (22 per cent) and substantial disparities between regions and between males and females. UNICEF will continue its collaboration with the World Bank education project in the areas of teacher training, procurement of educational materials and promotion of awareness activities through social mobilization. The ultimate aim of the assistance is to enable more children, girls in particular, to attend school. It also seeks to improve the relevance and quality of schooling, in the spirit of the goals of the World Conference on Education for All.

Nutrition

67. In the area of nutrition, emergency operations in the Tagant region will be strengthened through assistance to the most productive activities. Nutrition surveillance and growth monitoring will constitute an integral part of nutrition education activities. The programme for health and nutrition education, initiated in Nouakchott, will be extended to the Brakna and Kebba

regions. UNICEF assistance will complement that of other donors (the World Food Programme and the Governments of France and Germany).

Regional community development

68. During the first years of implementation, the programme concentrated on national capacity-building. Staff of the Ministry of Social Welfare were trained to enhance their performance in carrying out extension work benefiting the community. Over the coming years emphasis will be put on end-users. UNICEF assistance will ensure the provision of equipment and other relevant inputs in the areas of water supply and sanitation, income generation, health education, nutrition and literacy. The aim is to deliver appropriate basic services to communities to alleviate the impact of adjustment policies and to discourage rural exodus.

Children in especially difficult circumstances

69. The provision of basic services in the Kebbas (peri-urban shanty towns in Nouakchott and Rosso) - where about 39 per cent of Mauritania's total population resides - remains a priority issue. In collaboration with other donors (in the framework of the Joint Consultative Group on Policy and with bilateral cooperation), assistance will be provided in the form of equipment and training for the development of women's cooperative groups and advancement centres. A detailed study on children in especially difficult circumstances, on living conditions in the Kebbas and on the displaced population will help to develop appropriate strategies for future interventions.

Water supply and sanitation

70. Activities under this programme will continue in priority regions of the Brakna and Trarza and in the urban areas of Kebba. Water well construction and health education for water utilization activities will take place near 20 health facilities established with UNICEF assistance and in women's cooperative gardens. More attention will be paid to develop appropriate strategies for building national capacity in such areas as technical surveys for water resources research, borehole construction and planning and management of water supply and sanitation projects.

Social mobilization

71. The rapid pace of settlement and the poor access of the population to both newspapers and national television are the main constraints to be considered when establishing social mobilization and communication strategies. These will be addressed through the use of both modern and traditional communication channels. Rural radio, religious groups and women's groups will constitute the targets of outreach messages, including information on MCH, immunization, hygiene and sanitation and child protection. UNICEF will continue to provide assistance to the dissemination of Facts for Life messages in the local languages (Arabic, Pular, Soninke and Wolof). Support to cultural activities will be developed with the participation of local and Maghrebian artists.

Monitoring and evaluation

72. Priority will be given to the monitoring and evaluation of the social sectors undertaken by the Human Resources Division of the Ministry of Economic Planning. Indicators for the child development goals will be assessed and adapted in a national context. The situation analysis of women and children currently undertaken in preparation for the new country programme will serve as a basis for this work. Profiles of target project areas will be established as an important benchmark for decisions on priority areas and interventions.

Breakdown of annual funding requirements

(In thousands of United States dollars)

Country	Current programme cycle	Approved/ general resources funding a/	Additional funding proposed 1992	1993	1994	Total
Cape Verde	1990-1994	1 500	8	750	750	1 508
Central African Republic	1989-1993	3 000	463	1 000	-	1 463
Guinea-Bissau	1989-1993	1 500	465	750	-	1 215
Mali	1989-1993	13 500	2 353	4 125	-	6 478
Mauritania	1989-1993	2 405	806	1 000	-	1 806
Total			4 095	7 625	750	12 470

a/ The amounts shown here include the actual balances carried over from the previous programme cycle.

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RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMMES IN THE AMERICAS AND CARIBBEAN REGION*

SUMMARY

The present document contains recommendations for additional general resources to fund the approved country programmes in the Americas and Caribbean region for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme periods. The Executive Director recommends that the Executive Board approve additional general resources in the following amounts, totalling $6,460,000, to achieve the objectives of the country programmes as originally approved by the Board.

Country/programme	Amount (United States dollars)	Current programme cycle
Ecuador	1 563 000	1990-1993
Guyana	1 568 000	1990-1994
Jamaica	1 543 000	1990-1994
Paraguay	1 786 000	1989-1993

Annual funding requirements of the four countries are provided in the table at the end of the present document.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

INTRODUCTION

1. Taking into account the availability of general resources in 1991 and income projections in the medium-term plan, the Executive Director authorized increases in the annual planning levels of a number of countries. This increase raises the annual planning levels for general resources to $1 million for Ecuador and Paraguay, and to $750,000 for Guyana and Jamaica.

2. Because of the World Summit for Children, there is an increasing awareness of the problems and needs of women and children in the developing world. Government efforts have been increased to enhance child survival and development (CSD) and to reduce maternal mortality. As a result, general resources have not been sufficient to support the expansion of CSD efforts within the country programmes already approved by the Executive Board.

I. ECUADOR

3. The country programme for Ecuador for the period 1990-1993 was approved by the Executive Board in 1990, with an annual general resources planning level of $500,000 (E/ICEF/1990/P/L.12 and Corr.1). Because of increased general resources availability, the annual planning level was increased to $750,000 for 1991, and to $1 million from 1992 onwards. In addition, accelerated expenditure was authorized for 1991 to support country efforts to combat a cholera epidemic and to support the development of the national programme of action.

4. The increased resources have been planned with the Government to reinforce UNICEF cooperation in the main areas of the country programme approved by the Executive Board. At the same time, because supplementary funding was received only for certain areas of the country programme, there has been some realignment of funding between general resources and supplementary funds in order to respond best to the challenges posed by the goals of the national programme of action.

Health

5. Ecuador has made good progress in increasing immunization coverage, which currently is close to 70 per cent, but it has not yet achieved the goal of universal child immunization (UCI). UNICEF has been an active partner through the Inter-agency Coordinating Committee and its financial support to the national expanded programme on immunization (EPI). Additional efforts should enable the country to achieve the 80 per cent coverage target goal, although some other donor agencies have indicated that, in future, they will reduce their financial support to the programme.

6. UNICEF will, therefore, assume a larger share of support to EPI to help guarantee an adequate supply of vaccines and to support communications and

outreach activities. Two fifths of the additional general resources will be committed to the national immunization programme.

7. In 1991, the main UNICEF contribution to the health sector was directed towards addressing the cholera epidemic, mainly through the establishment of community oral rehydration units and through communication and public health information activities. General resources from the health programme were supplemented with emergency funding and with financing for activities in the two major cities and in the rural provinces where UNICEF is supporting area-based programmes. Future cooperation will focus on further expansion and use of the community oral rehydration units and on latrine building, together with hygiene education.

Young child development

8. Within its National Development Plan, the Government is committed to providing increased attention to children under six years of age living in the poorest areas of the country. While the coverage achieved falls short of the targets set, it none the less represents a major expansion of non-conventional day-care programmes.

9. Currently, over 200,000 children are benefiting from the programmes of the National Child and Family Institute (Instituto Nacional del Nino y la Familia), the community network (Red Comunitaria) of the Ministry of Social Welfare and the non-conventional preschool education methods fostered by the Ministry of Education. UNICEF will expand and strengthen its support to the counterpart agencies implementing early childhood development programmes. This assistance will be geared primarily towards strengthening the planning, monitoring and evaluation, information and coordination systems, and developing and systematizing training programmes and materials.

Education

10. In 1990 and 1991, UNICEF supported a pilot implementation of the country's educational strategy to improve the quality and efficiency of rural education; the project is now being financed by the Inter-American Development Bank (IDB). The strategy consists of a Centro de Educacion Matriz (CEM), or a "hub" school, which serves as a centre of excellence and supports both a number of satellite schools for teacher training and related quality improvement activities and the development of school textbooks in both Spanish and indigenous languages. Only the province of Esmeraldas and the lightly populated jungle provinces of the East are not served by the project, which is being implemented progressively in all other areas of the country.

11. With the additional general resources, UNICEF will support the extension of this programme to those two areas, with the establishment of one CEM in Esmeraldas and of one bilingual CEM in one of the provinces of the East. The technical unit of the IDB project will provide the required administrative and technical assistance, and support for the development of appropriate texts.

Area-based services

12. UNICEF is working with local counterparts in areas with a high concentration of people living in critical poverty, supporting area-based programmes financed by supplementary funds. One such programme is in Guayaquil, the country's largest city and major port. Home to over 20 per cent of Ecuador's total population, Guayaquil faces many serious urban problems which are compounded by a lack of infrastructure. Water, sanitation and garbage disposal services are particularly deficient, so that the low-income areas of the city are at greater risk for cholera. In order to reinforce and expand the urban basic services programme, general resources will be used in this area.

Advocacy

13. In a country like Ecuador, which has a fairly sophisticated communications network, advocacy can play an important role in sensitizing public opinion, building national awareness on child-related issues and influencing social policy decisions.

14. A rich experience has been gained in recent years by creating opportunities for children themselves to participate and have their say about social issues. In 1990, elections were held in which children decided which rights contained within the Convention on the Rights of the Child were the most important. During the same year, local children's summits preceded a national summit that gave children an opportunity to voice their concerns and solutions in the national programme of action. A modest amount of general resources will be used to strengthen these activities and to maintain and strengthen national knowledge of and support for the national programme of action.

Statistics, planning and project support

15. Within the framework of adjustment with a human face, UNICEF has developed a dynamic relationship with the Government by supporting social policy development. UNICEF cooperation in this area has included the development of household survey systems and the incorporation into social development planning of key information on health and other child-welfare indicators, studies on the financing of social policies and training into social development. Wider cooperation in this area has been made possible through funding from the Special Adjustment Facility for Latin America and the Caribbean (SAFLAC).

16. Assistance in this area has facilitated the preparation of the national programme of action. Assistance will be maintained during the final two years of the country programme to ensure continuity, the application and use of the social planning skills and information systems, and a smooth transition with the next administration (national elections are scheduled for May 1992).

17. A portion of the additional general resources will be used to provide technical assistance, adequate programme management and monitoring and evaluation of the country programme's overall effectiveness and impact. Funding will also be used to support the development of the next programme of cooperation, to be presented to the Executive Board in 1993.

II. GUYANA

18. The country programme for Guyana was approved by the Executive Board in 1990 to cover the period 1990-1994, with available general resources of $1.6 million (E/ICEF/1990/P/L.25). In 1991, the annual planning level was increased from $300,000 to $500,000, enabling the implementing agencies to accelerate programmes, especially in the areas of health and water supply and sanitation. For the period 1992-1994, the annual planning level is being increased further to $750,000. An additional $1,568,000 is required to replenish general resources for the remaining programme period. Future support will be used to consolidate and expand existing programmes.

19. The economy of Guyana has been deteriorating for many years, although there are signs that the rate of contraction may now be slowing because of measures adopted under the Government's structural adjustment programme. However, the structural adjustment programme has also resulted in severe cuts in social sector spending, with consequent effects on the most vulnerable sectors of the population.

20. The Government is now able to meet only a fraction of the country's needs in areas such as essential drugs, while the reduction in real terms of public sector salaries has resulted in the accelerated emigration of health workers, teachers and other key technical personnel, causing a drop in the overall quality and effectiveness of basic services for children.

Child survival and development

21. Health care standards continue to be seriously affected by the lack of basic medical supplies, including shortages of essential drugs at the various health centres. During the last few years, however, Guyana's immunization coverage has shown steady improvement, with 1990 rates of 85 per cent for anti-tuberculosis vaccine (BCG), 83 per cent for combined diphtheria/pertussis/tetanus (DPT) vaccine, 79 per cent for oral poliomyelitis vaccine (OPV) and 73 per cent for measles vaccine. Were it not for a lengthy nurses' strike towards the end of 1990, it is felt that UCI would have been achieved.

22. During 1990 and 1991, emphasis was placed on providing primary-level training for 60 community health workers and further training for an additional 30 workers. Twenty-five workshops were held at various regional levels to educate both health workers and key members of the community in basic nutrition and child care. The government agency responsible for training also continued a series of programmes for health educators in areas

such as growth monitoring and control of acute respiratory infections (ARI). With assistance from SAFLAC, support was provided for the local manufacture and distribution of growth charts to health centres throughout the country.

23. Additional general resources will permit increased assistance to the immunization programme, which will be strengthened by the provision of cold-chain equipment and logistical support. Rural health centres will receive further assistance with basic maternal and child health (MCH) supplies and equipment. Growth monitoring activities will continue to be supported, and growth charts will be provided to ensure that adequate stocks are available at all MCH centres. In-service training will be intensified to ensure improved quality and sustainability of basic health-care services. This will include training in oral rehydration therapy (ORT) and antenatal care. In addition, emphasis will be placed on supporting the Government's breast-feeding programme as well as the "baby-friendly" hospital initiative. Assistance will also be extended to improve hospital practices in order to reduce perinatal deaths and to promote basic health education messages among families and individuals throughout the country. Essential drugs will continue to be provided in order to alleviate the critical shortages affecting all health facilities in Guyana.

Women in development

24. Women in Guyana bear the main impact of the economic recession. Many compete in the labour market for marginal jobs or join in informal sector activities in order to make ends meet. Support will be provided to strengthen programmes to improve the social and economic status of women, especially through income-generating projects financed by a revolving loan fund which was successfully initiated with UNICEF assistance in 1990. Facts for Life messages will also be promoted through local women's groups and non-governmental organizations (NGOs) in order to reach communities in urban peripheral and outlying rural areas.

Early childhood development

25. With the increased number of working mothers, existing day-care facilities have become crowded, and in some cases mothers still leave their children unattended or to be attended by older siblings, who are themselves forced to drop out of school in order to care for their younger brothers and sisters.

26. In order to address the problem of the care and development of young children, support will continue to be provided for the expansion of day-care facilities through the training of personnel and the provision of appropriate educational supplies and equipment. Support will be provided for a training centre for day-care workers in order to meet the rapidly growing needs in this important area. Additional funding will also be allocated for preschool education, especially for the training of teachers and upgrading of facilities to help create an environment more conducive to early childhood development.

Water supply and sanitation

27. The supply of potable water to rural communities in Guyana is still very poor. Access to potable water is 50 per cent; even this supply is very intermittent as the systems break down frequently because of age and a lack of funds to procure replacement parts. Women and children remain the main water carriers, and children are frequently kept out of school to fetch water. The shortage of water has also affected the health of the children, which is reflected in the high level of diarrhoeal diseases.

28. UNICEF has provided spare parts for the repair of several water systems, benefiting some 40,000 inhabitants. Additional funds will be used to expand activities to provide about 80,000 inhabitants with potable water in three large rural communities. Major emphasis will be placed on training communities in the operation and basic maintenance of the water systems. Assistance will also be provided for strengthening the Central Water Agency's information and personnel training.

Evaluation

29. As part of the expanded programme, an evaluation of the essential drugs programme will be carried out primarily to compare the efficiency and cost-effectiveness of local drug manufacture with direct importation. The women's revolving loan fund will also be evaluated, as will the water supply and sanitation programme, which has been in operation for some years.

III. JAMAICA

30. The country programme for Jamaica was approved by the 1990 Executive Board for the period 1990-1994, with a total allocation of $1.5 million from general resources (E/ICEF/1990/P/L.14). In 1991, the annual planning level was increased from $300,000 to $500,000, and again to $750,000 in 1992. An additional $1,543,000 is required to replenish general resources for the remaining period of the programme.

31. The 1990-1994 country programme includes interventions in the areas of primary health care, children in especially difficult circumstances, women and development, urban basic services and advocacy and social mobilization. The additional funds requested will be used to broaden the scope of CSD activities; to expand the urban basic services programme to communities; and to intensify advocacy and social mobilization activities, focusing in particular on the Convention on the Rights of the Child, better parenting and follow-up to the World Summit for Children.

Child survival and development

32. The national MCH programme has made some major strides in recent years, despite severe staff shortages and problems in the maintenance of facilities and equipment. UNICEF funds for immunization have been used for training,

outreach efforts aimed at retrieving dropouts, public education and supplies and equipment. In 1990, immunization coverage reached 96 per cent for BCG, 86 per cent for three doses of DPT, 87 per cent for three doses of OPV, and 74 per cent for measles vaccine. Achieving the objective of 100 per cent coverage by 1992 is still considered possible through intensified outreach and public education activities. Both a curriculum and a teachers' guide for including child health education in the nation's primary schools have been completed, and pilot testing is under way in 60 schools in two parishes. It is expected that health education will have been incorporated into school curricula island-wide by the end of the current country programme.

33. A major undertaking has been the mounting of a massive campaign to halt the decline in breast-feeding. A national breast-feeding coordinator has been appointed and an intersectoral coordinating committee organized. Appropriate messages have been designed and are being transmitted through a wide variety of channels. Plans are also under way for launching the "baby-friendly" hospital initiative in 1992. Collaboration with the private sector regarding breast-feeding and ORT has been most satisfactory. Training is taking place in nursing schools and public and private health facilities. In addition, nutrition education messages using popular music have been developed in coordination with the Caribbean Food and Nutrition Institute.

34. ARI are one of the leading causes of hospitalization in children in the one- to four-year-age group and the third leading cause for children under one year of age following perinatal conditions and gastroenteritis. The Government of Jamaica, with the assistance of the Kiwanis, has started a programme to train preschool teachers to recognize when medical attention should be sought for respiratory infections. It is recognized, however, that more concerted attention is needed to reduce morbidity and mortality due to ARI. UNICEF assistance has, therefore, been requested for research, programme and policy development, training and public education concerning ARI. Additional general resources will enable UNICEF to respond to this request.

35. The MCH programme will also be expanded to include interventions aimed at child accident prevention. Accidents, poisoning and violence are major causes of mortality among 1- to 4-year olds and are the leading cause of death among children 5 to 14 years of age. Accident prevention interventions will be determined following a thorough analysis of the most frequent types and causes of accidents.

Urban basic services

36. A participatory evaluation carried out in 1991 confirmed that this programme has effectively mobilized women to improve their standard of living and that of their communities. Eight low-income communities in Kingston and Montego Bay have now organized neighbourhood groups active in day care, better parenting, health, sanitation and income generation. Immunization coverage has reached 85 per cent, which is much higher than in other depressed, urban areas. Trained community members have now taken over tasks previously performed by community development officers; they have also been effective in

attracting funds from other donors to consolidate further community efforts already under way. The project is considered a model of intersectoral cooperation and of cooperation between a Government and NGOs. The Government has requested the expansion of current project activities to other depressed communities in Jamaica. This will help to achieve the country programme goals simultaneously in all areas, including hard-to-reach urban communities.

Advocacy and social mobilization

37. Social mobilization and advocacy are strategic elements of the country programme which cut across and reinforce all other programme interventions. UNICEF is working closely with several NGOs in promoting the Convention on the Rights of the Child and follow-up to the World Summit for Children. These activities will be expanded, and greater emphasis will be placed on education for better parenting, mobilizing men to participate more meaningfully in family life, creating awareness in young people of their own potential and organizing women at the community level. The use of non-traditional media and communication channels such as drama, talks, workshops and the dissemination of education materials will be expanded.

IV. PARAGUAY

38. The country programme for Paraguay for the period 1989-1993 was approved by the Executive Board in 1989, with available general resources of $1.5 million (E/ICEF/1989/P/L.13 and Corr.1). In 1991, the annual planning level was increased from $300,000 to $750,000, and to $1 million from 1992 onwards. This has enabled UNICEF and the Government to expand activities within the country programme, and has allowed UNICEF to continue to support government efforts to reduce infant and maternal mortality rates by strengthening the health system and supporting the provision of safe water and environmental sanitation.

39. The current programme of cooperation has focused on national programmes related to immunization, control of diarrhoeal diseases (CDD), ARI, preschool and basic education, water supply and sanitation, children in especially difficult circumstances and social communication. The main strategic elements of the programme include the mobilization of public and private institutions at central, regional and local levels; the coordination of actions between government institutions and NGOs; the decentralization of technical and financial resources; and the concentration of resources in the most deprived areas of the country.

Maternal and child health

40. The Government has made very good efforts to reduce infant mortality through acceleration of immunization activities, as well as CDD and ARI control. In 1990, immunization coverage of children under one year of age reached 87 per cent. More than 4,500 oral rehydration units have been

established, while training has been provided to 1,200 community volunteers on aspects related to CDD and ARI control.

41. UNICEF supported the training of health professionals and the provision of basic medicines and basic equipment for 427 health centres and health posts. UNICEF has cooperated with the Catholic Church, the Paraguayan Paediatric Society and diverse NGOs to increase the coverage of immunization and child development, complementing Ministry of Health efforts to expand such programmes for children. The Catholic Church's National Team for Social Pastoral Work contributed to the increase in health-care coverage of the rural population through a network of 116 dispensaries, 3 hospitals and 11 clinics and the participation of 15,000 community volunteers. The Catholic Church trained 146 community promoters in 16 rural settlements, while private, social welfare agencies trained 304 volunteers and 34 community leaders in topics related to immunization, diarrhoea and cholera prevention. UNICEF will continue to support the expansion of these activities in 1992 and 1993.

Preschool and basic education

42. Support has been provided to the community-based educational programme, Mita'i Roga (a Guarini term meaning "child home"), with the training of 322 community volunteers who work in preschool centres that benefit 6,700 children between three and six years of age. Training was also provided for 500 community volunteers and 60 supervisors at the Ministry of Education, in addition to support for the local production of teaching materials and games. These activities will be expanded in 1992 and 1993. Additionally, UNICEF will continue to provide technical support to the Ministry of Education for the formulation of an educational reform programme.

Nutrition

43. To improve food production, UNICEF cooperated with the Programa Nacional de Reforma Agraria y Desarollo Rural (National Agrarian Reform and Integral Rural Development Programme) in the provision of seeds, equipment, medicines and supplementary feeding for 3,000 peasant families living in new rural settlements. Some 3,000 families in 16 rural settlements were trained in food production and conservation, as well as in CSD. More than 10,000 family gardens were established in 23 rural settlements. All of these activities included the coordinated participation of the Ministry of Health, the Social Pastorate (the social programmes of the Catholic Church) and the Ministries of Agriculture and Education.

44. To promote breast-feeding, UNICEF has been supporting the training of technicians in the health sector and in Catholic Church volunteer groups, as well as community promoters and midwives. Special emphasis has been given to the promotion of "baby-friendly" hospitals. Support was provided for the production of relevant pamphlets, posters and television and radio spots.

45. UNICEF has supported the Ministry of Public Health and Social Welfare in conducting mass media campaigns to promote the use of iodized salt and in

formulating new policy for the control of endemic goitre. In cooperation with the Pan American Health Organization (PAHO), a situation analysis of the problem is being conducted and the results will be used to formulate the plan of action for the next two years. Preliminary agreements have been made to give the private sector the responsibility for distributing iodized salt, with technical support from the Ministry of Health.

Water supply and basic sanitation

46. The activities of the National Service for Public Sanitation include drilling wells, installing latrines, disposal and elimination of solid waste and training. In view of their extreme poverty and precarious basic services, new rural settlements were given priority as direct beneficiaries.

47. Between 1990 and 1991, four wells benefiting 4,000 people were drilled; 4,000 latrines were built, as well as a similar number of refuse collection pits; 2,000 home visits were made and training programmes which benefited 20,000 people were conducted; and 6,600 bottles of mebendazol were distributed.

48. UNICEF will continue to support the drilling of wells and the implementation of water systems, using appropriate technologies in villages with 5,000 or fewer inhabitants. In the area of sanitation, support will be provided for the production of protective lids for wells, in addition to operational and logistical training for community members. Equipment and materials will be supplied for a training programme to ensure the greatest possible effectiveness.

Children in especially difficult circumstances

49. An estimated 15,000 children work in the streets of Asuncion. In other cities, 2,000 children, of whom 33 per cent do not attend school are in a similar situation. UNICEF cooperation supports the institutional reorganization and institutional improvement of the Direccion General de Proteccion del Menor (General Child Protection Office), providing technical assistance, training and equipment; the development and standardization of methodologies with NGOs; and the updating of the El Codigo del Menor (Minor's Code) and the dissemination of children's rights. At the present time, a situation analysis is being conducted to help the Government formulate policy and a national programme for children in especially difficult circumstances.

Communication and social mobilization

50. The programme of cooperation has strong advocacy, communication and social mobilization components that promote child welfare. The main goal is to ensure that Paraguayan society is aware of the problems and needs of children and mothers, as set forth in the Convention on the Rights of the Child and in various national programmes of action. The democratization process under way in the country presents a special opportunity to enhance

child survival, protection and development at the highest levels of Government.

Breakdown of annual funding requirements

(In thousands of United States dollars)

Country	Current programme cycle	Approved general resources funding a/	Additional funding proposed 1992	1993	1994	Total
Ecuador	1990-1993	2 250	563	1 000	-	1 563
Guyana	1990-1994	1 600	68	750	750	1 568
Jamaica	1990-1994	1 500	43	750	750	1 543
Paraguay	1989-1993	1 640	786	1 000	-	1 786
			1 460	3 500	1 500	6 460

a/ The amounts shown here include the actual balances carried over from the previous programme cycle.